

Name
in
Full

Serena Agers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

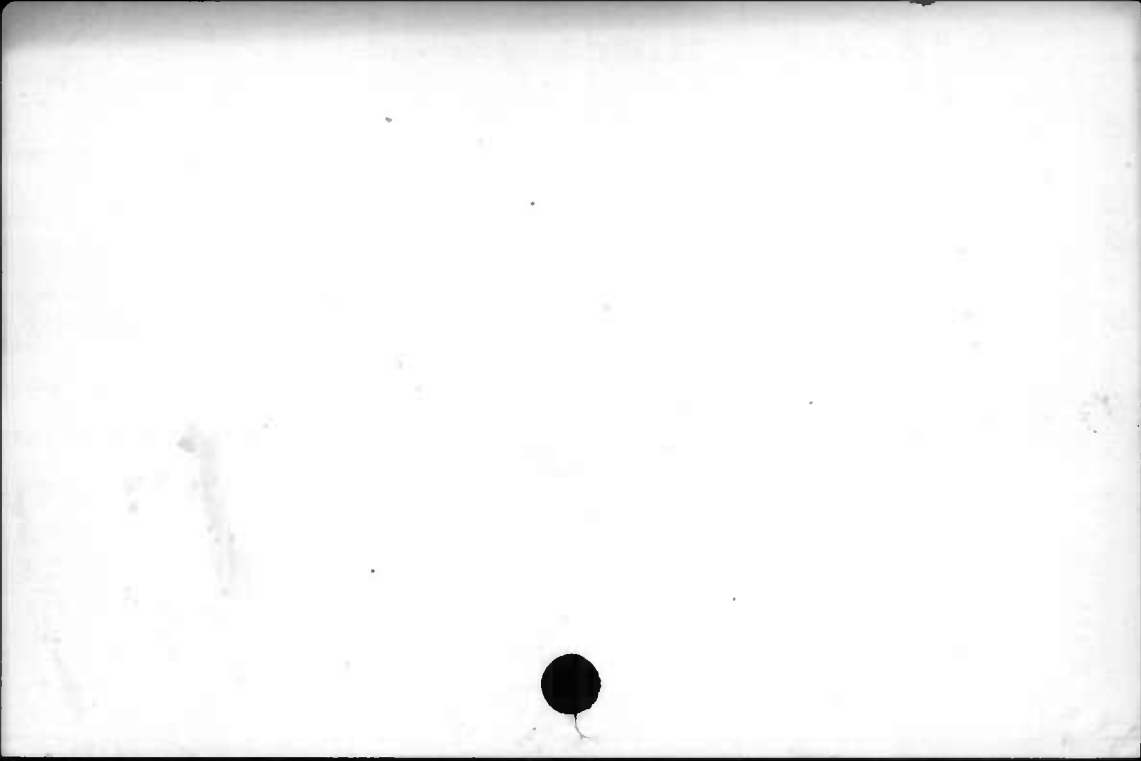
Died at <i>St Marles</i> ^{Town}		<i>Honchester</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>1</i> ^{Day} <i>13</i> ^{Years} <i>91</i>		Age <i>91</i>		Months <i>←</i> Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>St Marles</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>Saml Henry</i>		Father's Birthplace <i>Shirley</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>11</i>			
Name of person giving information <i>Geo Collins</i>		How related to deceased <i>Grand Son</i> <i>11</i>			

(154)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>		How long	
Immediate <i>Physician</i>		How long <i>7 wks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Elmer H. Allen</i>	
		Address <i>Beaufort</i>	
Accident or Suicide? <i>—</i>		<i>✓</i>	



Name in Full		No name				Bailey M M		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Snow Hill Md		County		Worcester		MARYLAND		
	Date of death		1906		Month		Jan		Day		
			31		Years		26		day 0		
	Sex		female		Color or Race		white		Birth-place		
									Snow Hill		
	Occupation				Where Residing if not at place of death						
Married, Single or Widowed				Name of Wife or Husband							
Father's Name		H. H. Bailey				Father's Birthplace		Worcester			
Mother's Maiden Name		S. A. Adams				Mother's Birthplace					
Name of person giving information		H. H. Bailey				How related to deceased		Father			
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Bronchitis				How long		about 5 days		
	Immediate						How long				
	Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		Paul Jones		
							Address		Snow Hill		
									Md		
Accident or Suicide?											



Name
in
Full

Mary E. Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Snow Hill</i>		Town, <i>Worcester</i>		County	
Date of death <i>1904</i>	Month <i>Jan</i>	Day <i>28</i>	Age <i>65</i>	Years <i>5</i>	Months <i>19</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Ind. Snow Hill</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death <i>Ind. Snow Hill</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Stephen Bailey</i>				
Father's Name <i>Eben Rounds</i>	Father's Birthplace <i>Ind. S. Hill</i>				
Mother's Maiden Name <i>Sarah Rounds</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Levin Smith</i>			How related to deceased <i>broin law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart failure</i>	How long <i>6. month.</i>
Immediate	How long <i>8. days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>John L. Adkins</i>
	Address <i>Snow Hill</i>
Accident or Suicide? <i>no.</i>	<i>Ind. ✓</i>



Name
In
Full

CERTIFICATE OF DEATH

Emaline B. Beauchant
Town Snow Hill County Worcester

MARYLAND

Died at Date of death 1906 Jan 29 Age 69 Months Days

Sex female Color or Race white Birth-place Md
Occupation Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Jas B Beauchant

Father's Name John Murphy Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information John B. Beauchant How related to deceased Son

CAUSES OF DEATH

Primary Paralysis (66) How long Two weeks
Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes

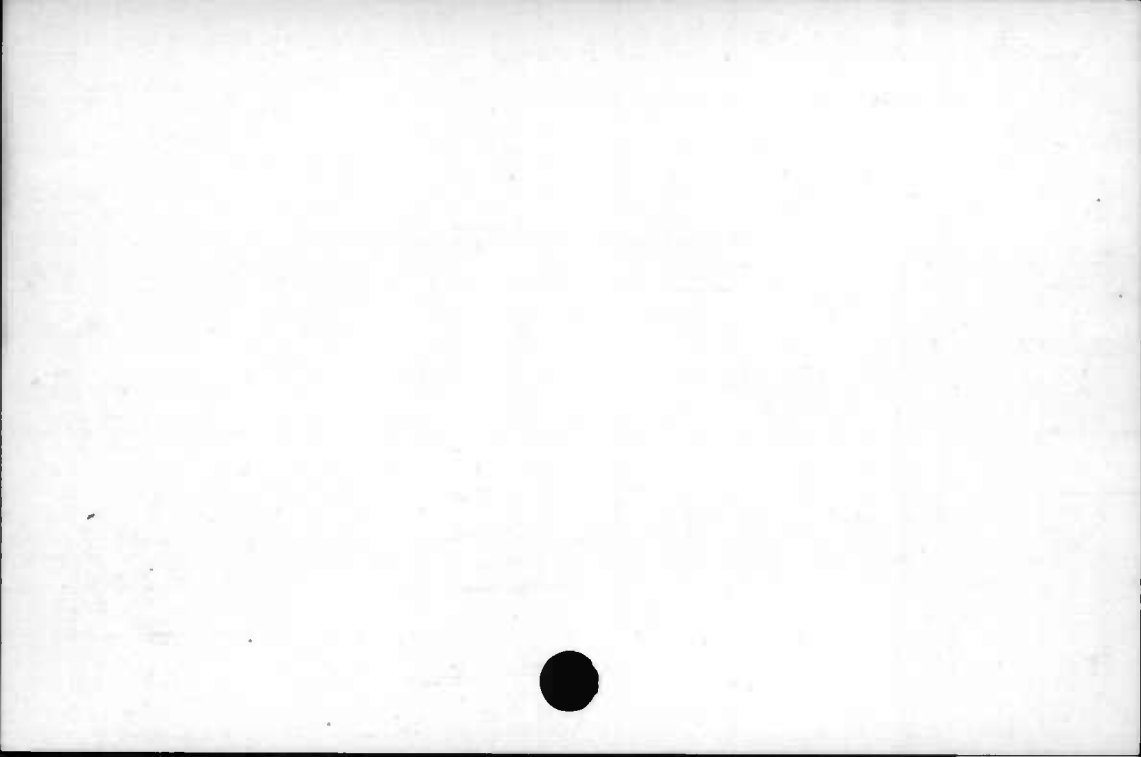
Signature of Physician Isaac Jones
Address Snow Hill Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dr P



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Bishop</i>		Town <i>Gualdree</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Gualdree</i>		Date of death 1906		Month <i>1</i>		Day <i>13</i>	
Age <i>6</i>		Years <i>—</i>		Months <i>6</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>ma</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Arph Mills</i>				Father's Birthplace <i>ma</i>			
Mother's Maiden Name <i>Annie M Bishop</i>				Mother's Birthplace <i>ma</i>			
Name of person giving information <i>Thos Bishop</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart failure</i>	How long	<i>1 Day</i>
Immediate	<i>Heart failure</i>	How long	<i>1 Day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. H. Benson MD</i>	
		Address <i>Worcester MA</i>	
Accident or Suicide?			



Name
in
Full

Marie Bodley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Showells</i> Town		<i>Worchester</i> County		MARYLAND	
Date of death 1906	Month <i>Jan</i>	Day <i>24th</i>	Years <i>17</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>House work</i>				
Name of Wife or Husband <i>None</i>					
Father's Name <i>John W Bodley</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Lizzie Sturgis</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Paynter Watson</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Burned</i>	How long <i>fifteen hours</i>
Immediate <i>3/4 of day</i>	How long <i>3/4 of day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R P Gibson</i>
<i>Raymond Local Board of Health</i>	Address <i>Bristowville Md</i>
Accident or Suicide <i>Health Bristowville Md</i>	



Name In Full

Certificate of Death

Alice H. Bradford

Town

County

Died at

MARYLAND

Date 1906 Jan 15
 Month Day Y. M. D.
 Age 5-7
 Native of Ind
 Occupation
 Male White Married Widowed Divorced
 Female Colored Single Widower
 Number of children living

 Husband
 of
 Wife

 Father's Name Dan. Bradford
 Mother's Maiden Name Alice Shurgis

Cause of Primary

Death Immediate

Marasmus

How long sick

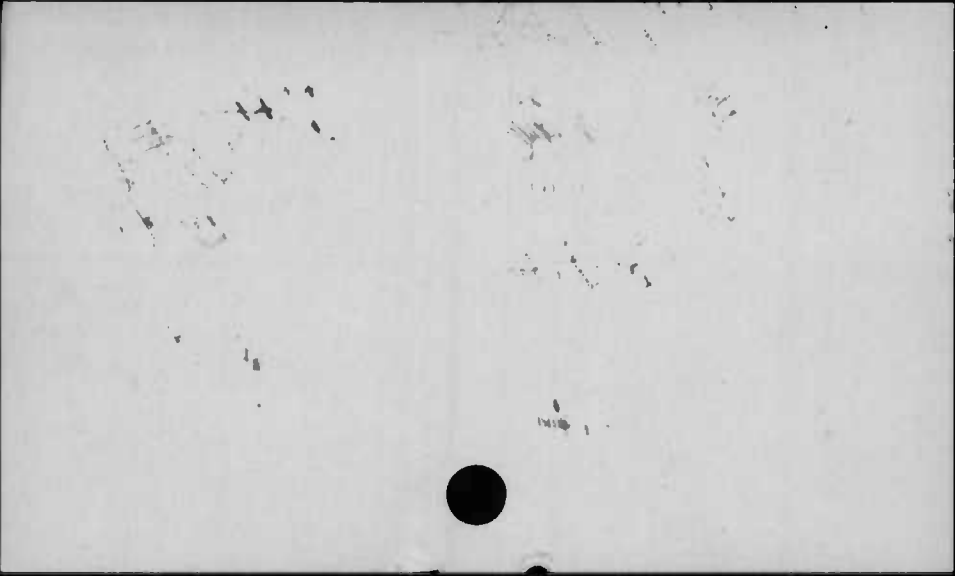
Since birth

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

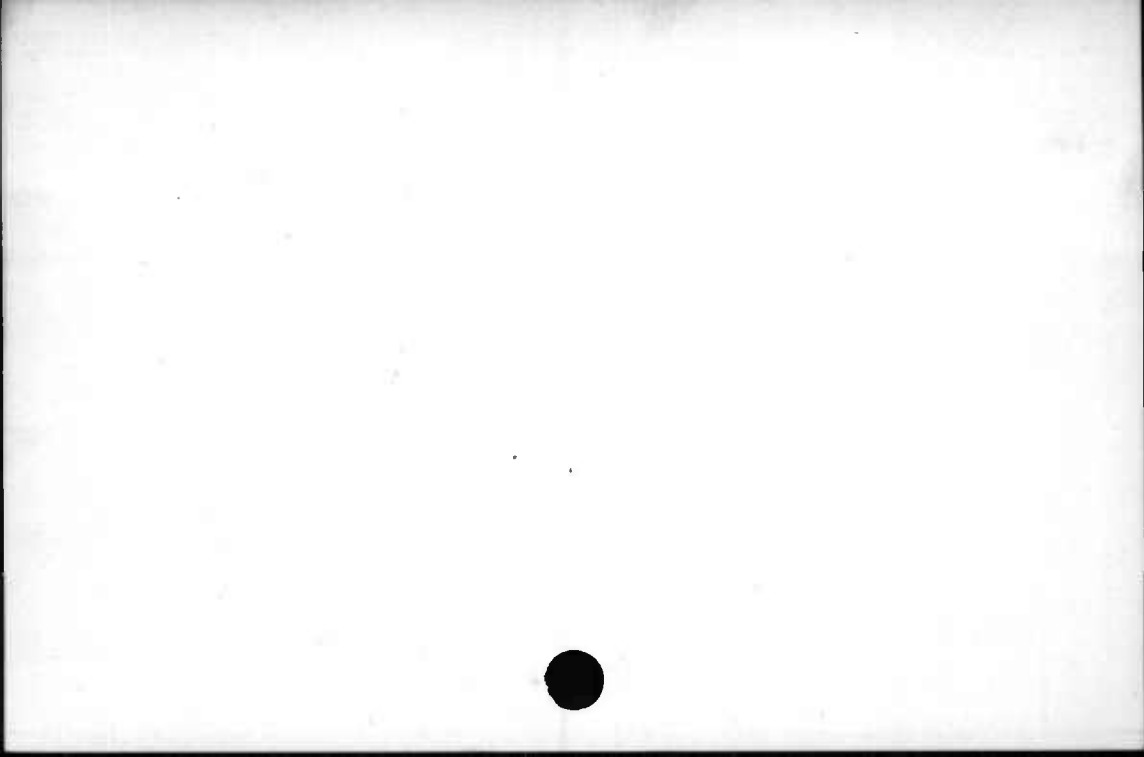
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah Brithingham</i>		Town <i>Keor Berar Dam</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Keor Berar Dam</i>		Date of death <i>1906</i>		Month <i>January</i>		Day <i>10</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Years <i>27</i>		Months <i>2</i>	
Occupation <i>Domestic</i>		Birthplace <i>Beaver Dam</i>		Where Residing if not at place of death <i>Near Peconick City, Md.</i>		Days	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace <i>Worcester Co</i>		Mother's Birthplace <i>Worcester Co</i>	
Father's Name <i>Isaac Brithingham</i>		Mother's Maiden Name <i>Harriet Patterson</i>		Name of person giving information <i>Isaac Brithingham</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis (Tubercular)</i>	How long <i>4 weeks</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. L. Hall</i>
	Address <i>Peconick City, Md.</i>
Accident or Suicide?	



Name
in
FullLippi Gray
Newark

CERTIFICATE OF DEATH

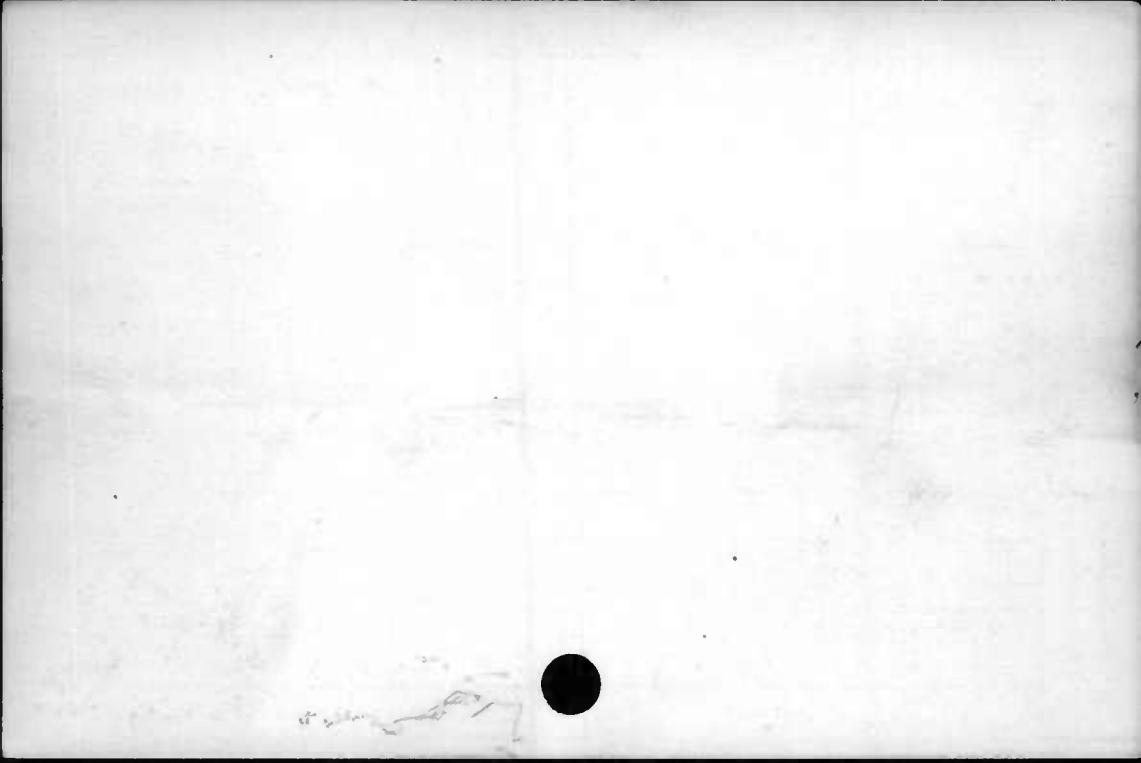
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Newark</i>		County <i>Worcester</i>		STATE OF <i>MARYLAND</i>	
Date of death	Month	Day	Years	Months	Days
<i>1904</i>	<i>Jan</i>	<i>16</i>	<i>47</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband <i>George Gray</i>		
Father's Name <i>Stephen Paine</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Annie Benet</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>William Tholstin</i>			How related to deceased <i>cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Ulcerative Colitis</i>	How long	<i>4 years</i>
Immediate	<i>" "</i>	How long	<i>4 years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edwin D. [unclear]</i>	
		Address <i>Burlington, N.C.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maryland</i>		Town <i>Princeton City</i>		County <i>Moravia</i>		MARYLAND	
Date of death	1906	Month	July	Day	19	Years	
Sex	girl	Color or Race	Colored	Months	1	Days	5
Occupation	Nurse		Birth-place	Moravia Ohio			
Married, Single or Widowed			Name of Wife or Husband				
Single							
Father's Name			John Gandy		Father's Birthplace		
Mother's Maiden Name			Liz J. Gandy		Mother's Birthplace		
Name of person giving information			B. Gandy		How related to deceased		
			Grandmother				

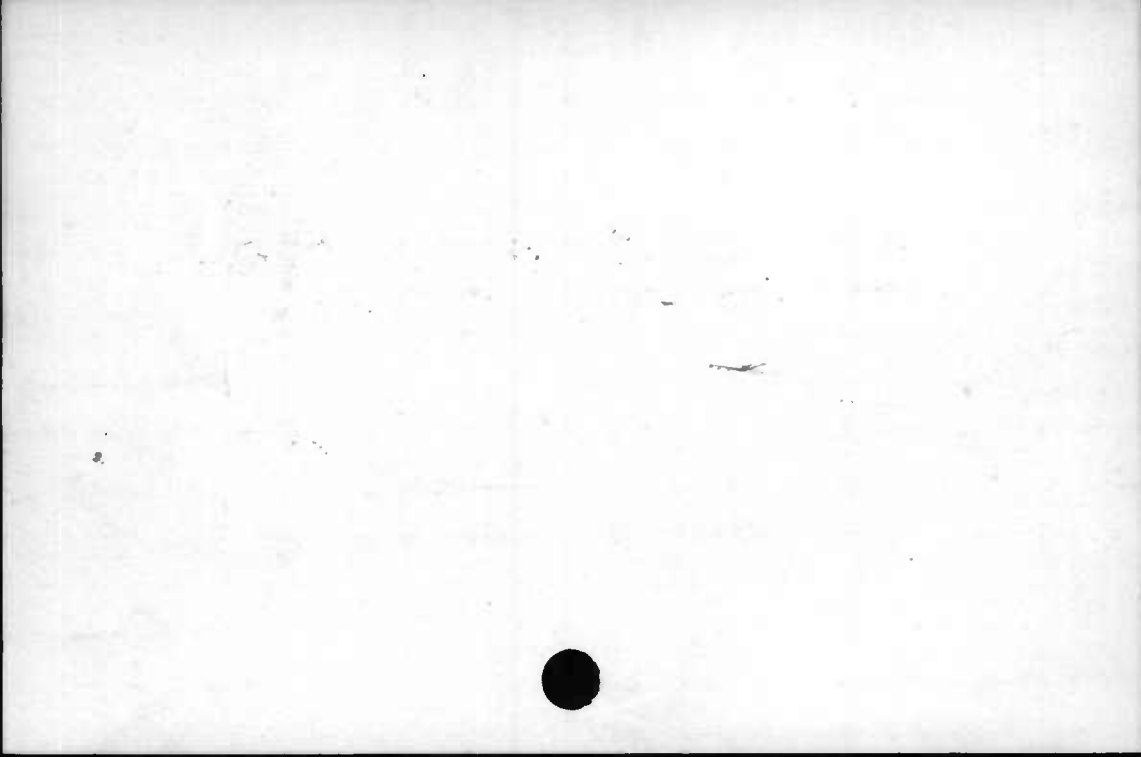
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Head face	How long	4 days
Immediate	if	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. G. Gandy
		Address	Princeton City Ind
Accident or Suicide?			



Name in Full		Chas W Hill				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Snow Hill		Worcester				
	Date of death	1906	Month	Day	Age	Years	Months
							8
							21
	Sex	male	Color or Race	white		Birth-place	Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		—		Name of Wife or Husband			
Father's Name		Chas E Hill				Father's Birthplace	
						Md	
Mother's Maiden Name		Mamie Sturgis				Mother's Birthplace	
						Md	
Name of person giving information		Chas E Hill				How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Measles				How long	1 wk.
	Immediate	Lobar Pneumonia				How long	5 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					W. H. Strong, Jr. M.D.		
					Address		
				Snow Hill - Md.			
Accident or Suicide?							



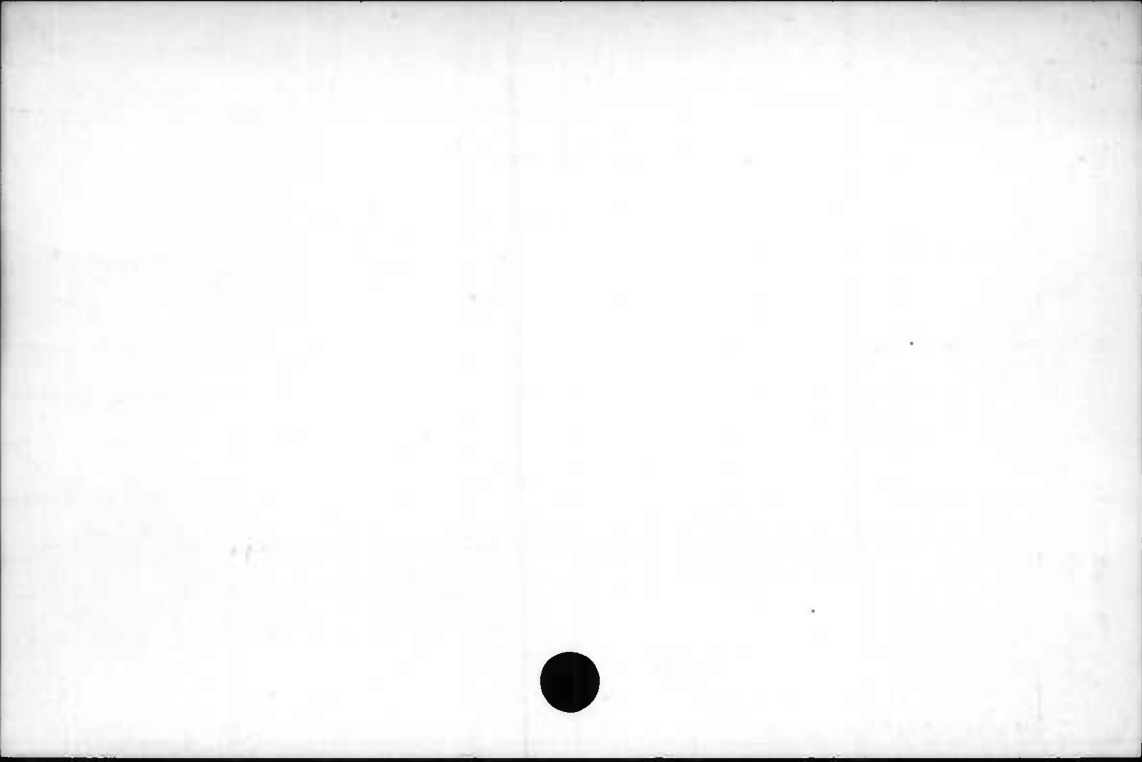
Name
in
FullHudson / Wm /
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stockton</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death 190 <i>6</i>		Month <i>Jan</i>		Day <i>27</i>		Age <i>1</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Stockton Md</i>		Months <i>0</i> Days <i>0</i>	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Joshua J Hudson</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Adel Merritt</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J D Dickerson</i>	
		Address <i>Stockton Md</i>	
Accident or Suicide?		<i>Worcester Co</i>	



Name
in
Full

CERTIFICATE OF DEATH

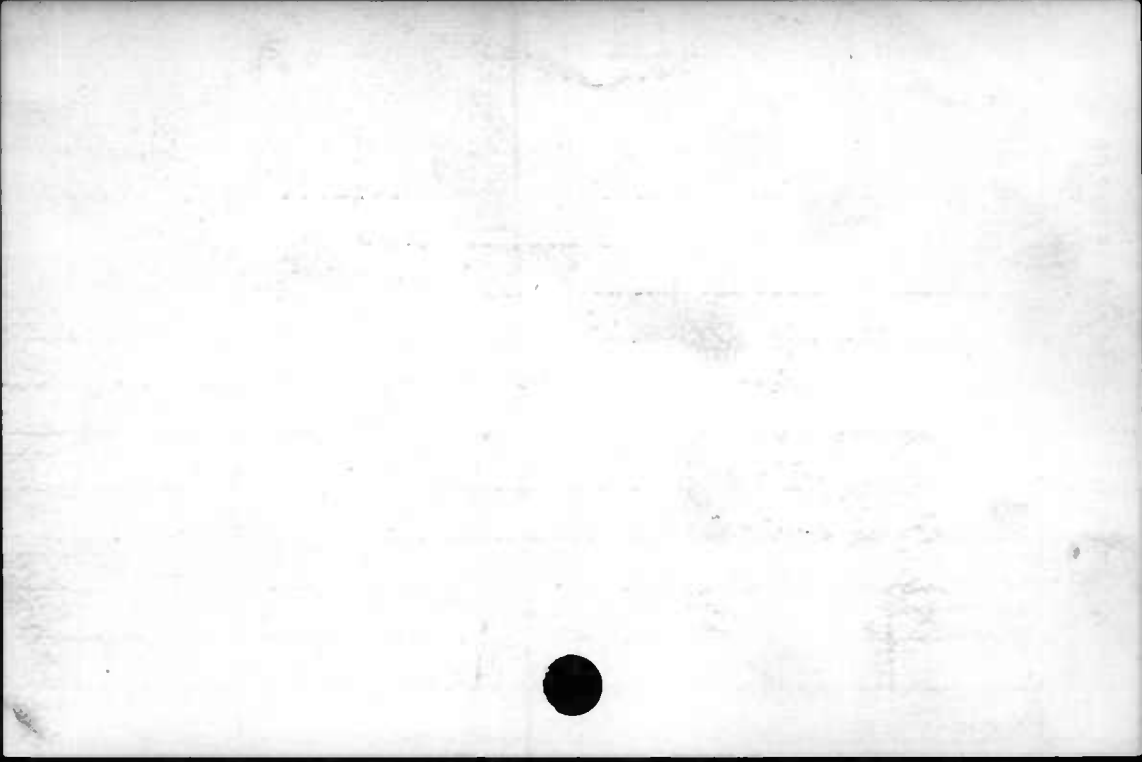
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alpheus Kemp Long</i>		Town <i>Pocomoke City</i>		County <i>Worcester Co.</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1906</i>		Month <i>Jan</i>		Day <i>11th</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>60</i>		Months <i>11</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Divorced</i>		Name of Wife or Husband					
Father's Name <i>John Elison Long</i>		Father's Birthplace <i> Md.</i>					
Mother's Maiden Name <i>Sarah Cault</i>		Mother's Birthplace <i> Md.</i>					
Name of person giving information <i>Flora White Long</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchial Pneumonia</i>	How long	<i>14 days</i>
Immediate	<i>Collapsus</i>	How long	<i>48 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Wilson M.D.</i>	
		Address <i>Pocomoke City</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Lillemore Massey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Berlin*

Town

Worcester

County

Date

of death

1906

Month

1

Day

5

Age

Years

50

Months

Days

Sex

*Male*Color or
Race*Blk*Birth-
place*Ind*

Occupation

*Labourer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Rachael Gillis*Father's
Name*_____*Father's
Birthplace*Ind*Mother's
Maiden Name*_____*Mother's
Birthplace*"*Name of person giving
information*Charlie Brittingham*How related
to deceased*None*

CAUSES OF DEATH

Primary

Old Age

How long

(25)

Immediate

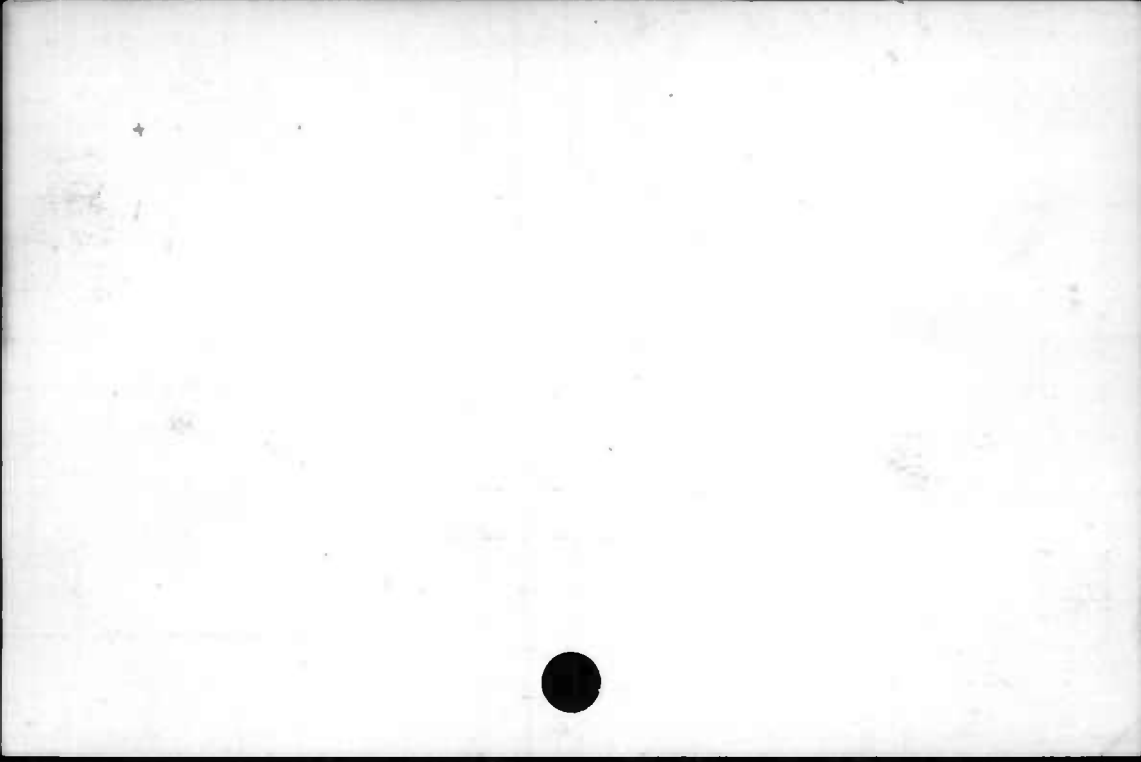
Enlarged Prostate

How long

*9 per month*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. H. Holland*

Address

*Berlin**Ind*PHYSICIAN
OR CORONERAccident or Suicide?



Rosa T Mills

Town

County

Died at

Snow Hill

Worcester

MARYLAND

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

1

2

Age

25-10-28

Ind

~~Male~~

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband

Wife

Father's

Name

C. S. Mills

John A. Ritchie

Mother's

Maiden Name

Clarica A. Young

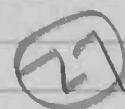
Cause of

Primary

Death

Immediate

Tuberculosis



How long sick

Accident, Suicide, Homicide

Reported by

W. P. Heam

Address

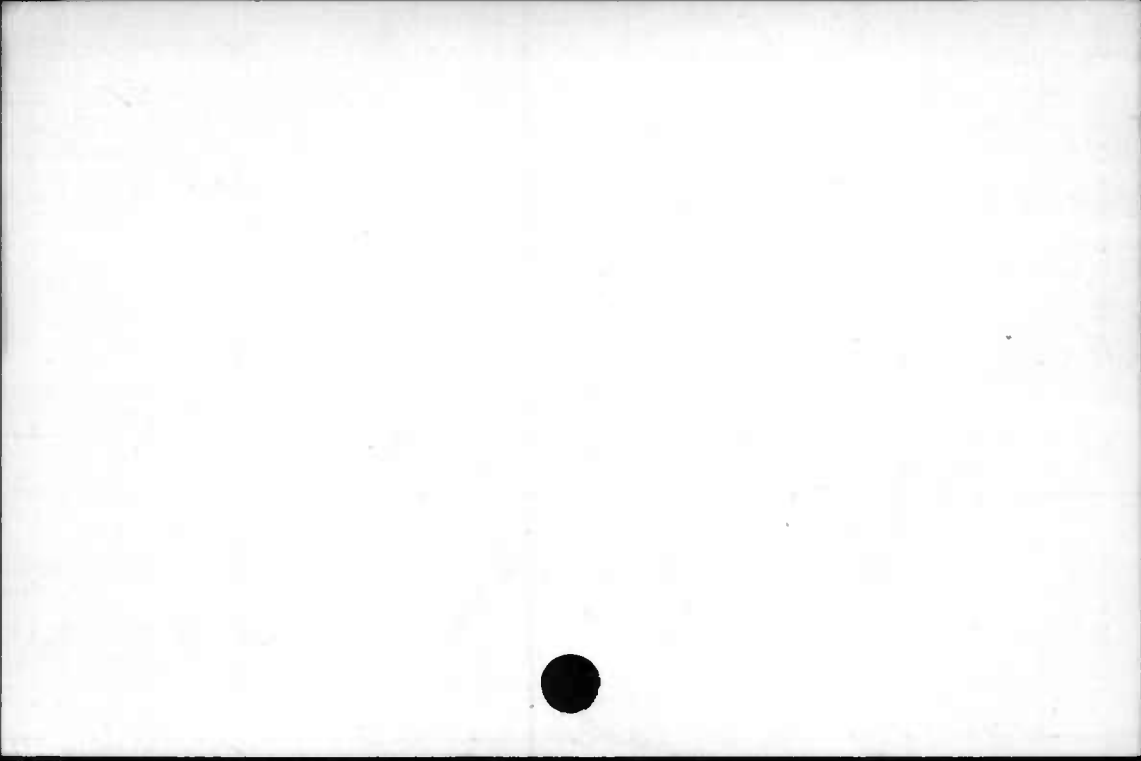
Snow Hill

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Makola Parker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Mar Bishopville</u>		County <u>Worship</u>		MARYLAND		
	Date of death	1906	Month <u>7</u>	Day <u>27</u>	Age <u>14</u>	Months	Days
	Sex <u>Female</u>	Color or Race <u>Blk</u>		Birth-place <u>Ind Del</u>			
	Occupation	<u>31</u>		While Residing if not at place of death			
	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
	Father's Name <u>William Parker</u>	Father's Birthplace <u>Ind</u>					
Mother's Maiden Name <u>Lady Hammed</u>	Mother's Birthplace <u>"</u>						
Name of person giving information <u>Lady Hammed</u>	How related to deceased <u>mother</u>						
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<u>Pneumonia</u>		(93)		How long	<u>2 weeks</u>
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Physician <u>Dr R P Holkins</u>		Address <u>Bishopville Ind</u>		
			Address				
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sallio Pedit* Town *Snow Hill* County *Leicester* MARYLAND

Died at *Snow Hill*

Date of death *1906 Jan 11* Age *65* Months Days

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Elias Pedit*

Father's Name *Bert Johnson* Father's Birthplace *Ind.*

Mother's Maiden Name *Mary Johnson* Mother's Birthplace *Ind.*

Name of person giving information *Bert Pedit* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

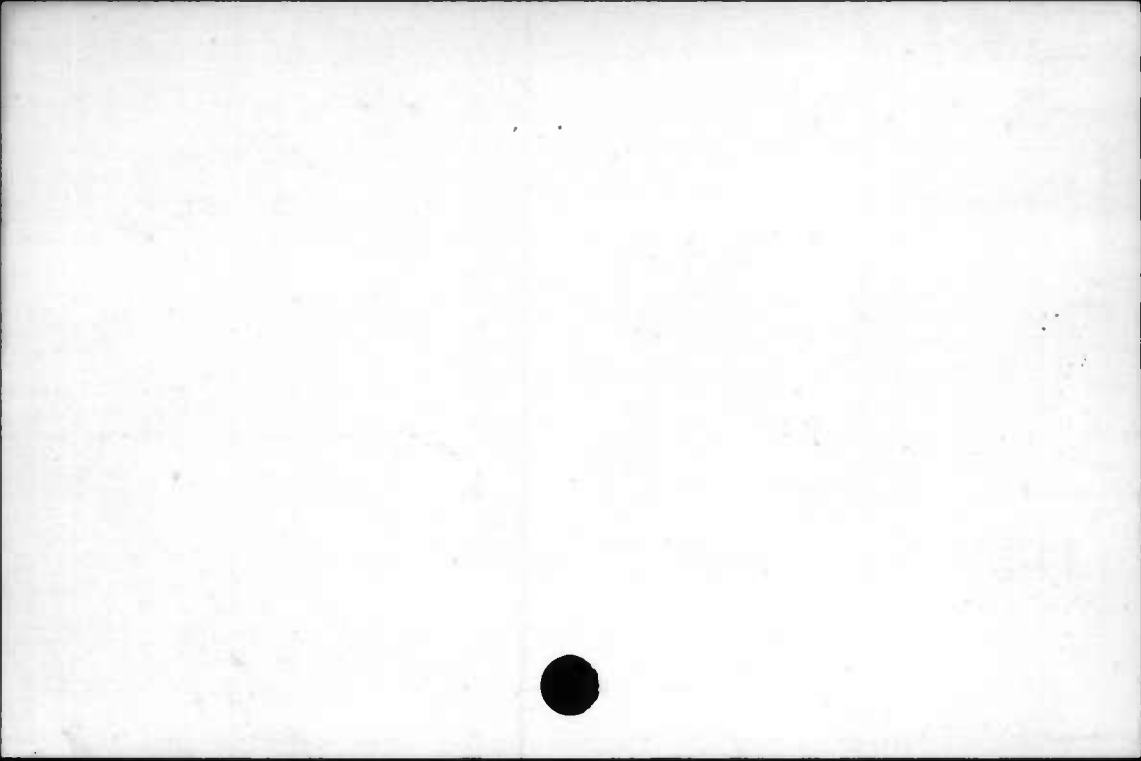
Immediate *Heart Disease* *79*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Paul Jones*

Address *Snow Hill Ind.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

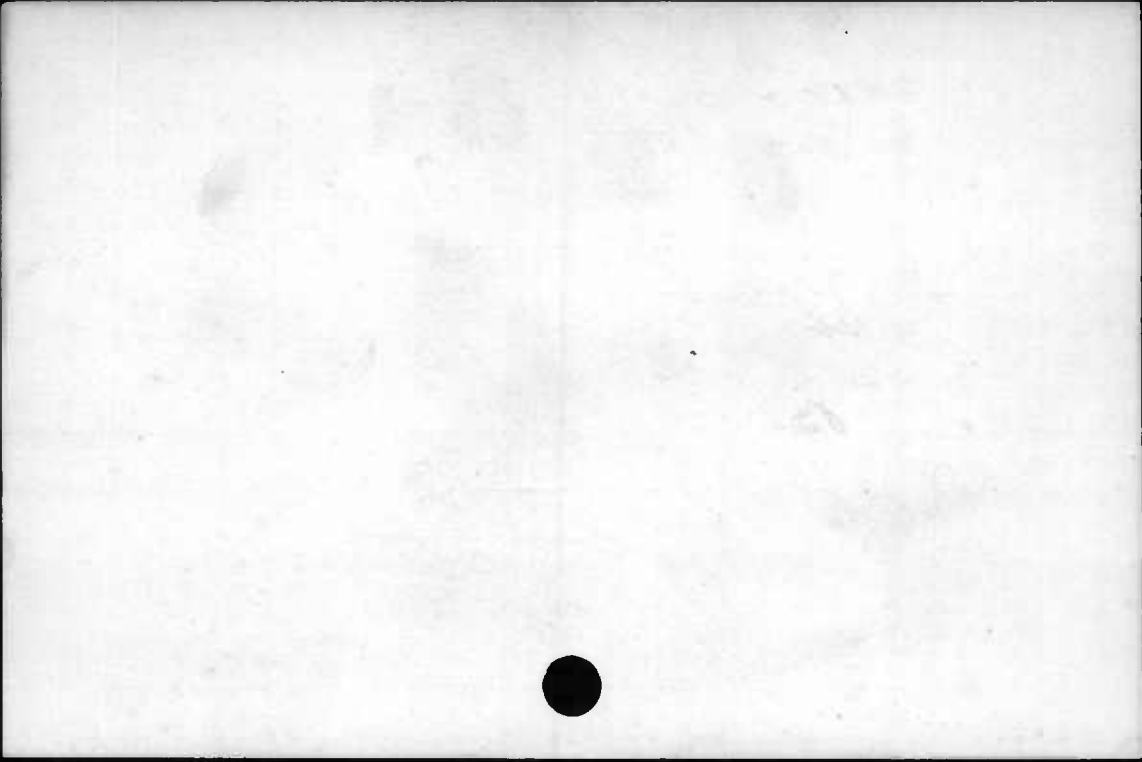
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Purnell</i>		Town <i>Pasomoke city</i>		County <i>Monroe</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1906 Jan 30</i>		Age <i>11</i>		Months <i>11</i> Days <i>11</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Monroe Co</i>			
Occupation <i>infant</i>		Where Residing if not at place of death <i>Near Pasomoke city</i>					
Married, Single or Widowed <i>"</i>		Name of Wife or Husband <i>"</i>					
Father's Name <i>Leard Purnell</i>		Father's Birthplace <i>Monroe Co</i>					
Mother's Maiden Name <i>Margaret Gillitt</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Edwarda Gillitt</i>		How related to deceased <i>uncle</i>					

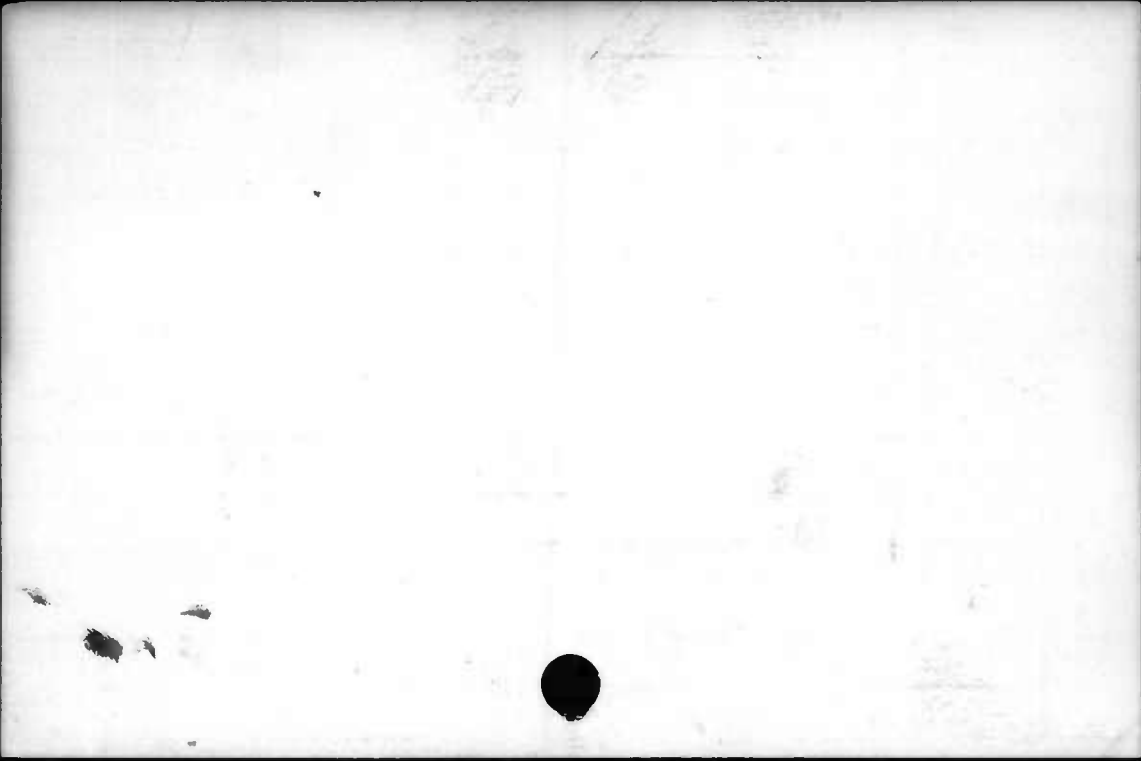
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>		How long <i>a year</i>	
Immediate <i>exhaustion</i>		How long <i>some weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. J. L. [unclear]</i>	
		Address <i>Pasomoke city, Md</i>	
Accident or Suicide? <i>✓</i>			



Name in Full		Purnell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Berlin		County Worcester		MARYLAND
	Date of death		1906	Month 1	Day 23	Age 12	Months —
	Sex Male		Color or Race Blk		Birth- place Ind		
	Occupation —				Where Residing if not at place of death —		
	Married, Single or Widowed Single		Name of Wife or Husband —				
	Father's Name —					Father's Birthplace —	
	Mother's Maiden Name Delia Purnell					Mother's Birthplace Ind	
	Name of person giving In formation					How related to deceased —	
PHYSICIAN OR CORONER	CAUSES OF DEATH						
	Primary		Epilepsy			How long 69	
	Immediate		—			How long for long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. H. Holland				
	J. H.		Address Berlin Ind				
Accident or Suicide? —							



Name in Full

Certificate of Death

Gadook M. Funnell

Town

County

Died at Ocean City - Worcester

MARYLAND

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

1 - 19

Age 32

Maryland fisherman

Male

White

~~Marrried~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Consumption

How long sick

one year

Death

Immediate

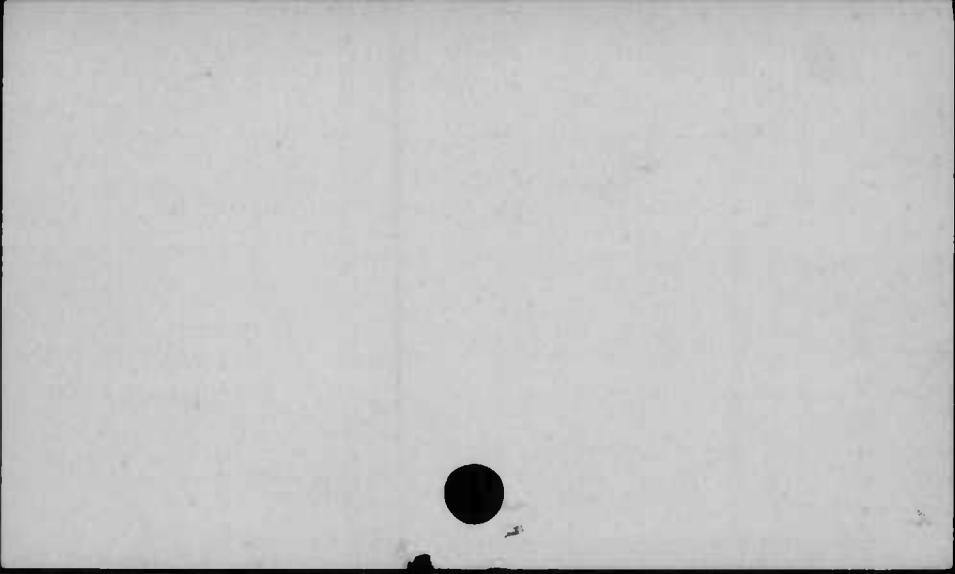
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Edward A Richardson

Town

County

Died at *Shore* *Worcester*

MARYLAND

Date 19 *06* Month *Jan* Day *9* Age *67* Y. M. D. Native of *Ind.* Occupation *Yanner*

Male ☒ White ☒ Married ☒ ~~Widow~~ ~~Divorced~~

Female ☐ ~~Colored~~ ☐ Single ☐ Widower ☐ Number of children living *5*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cold

How long sick

one week

Death

Immediate

*Pneumonia**(93)*~~Accident, Suicide, Homicide~~

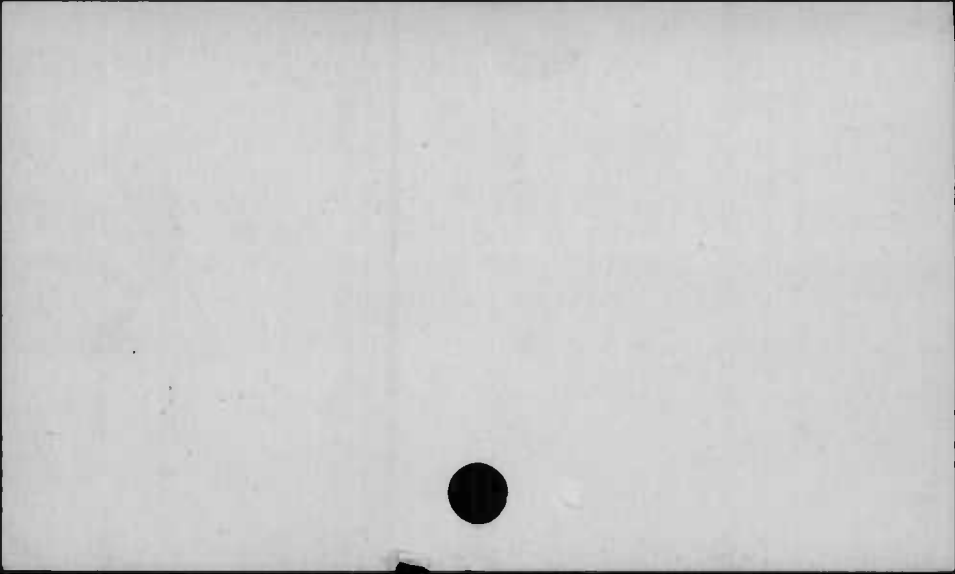
Reported by

Paul Jones

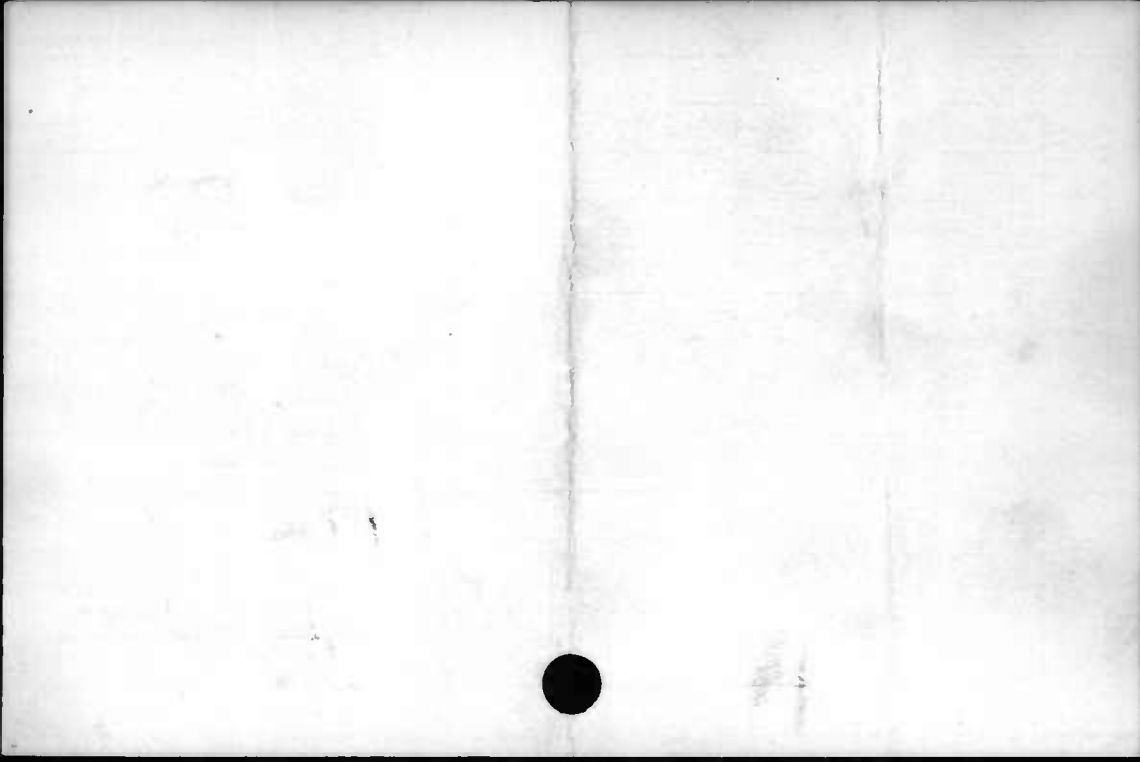
Address

*Snowville**Ind**✓*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		CERTIFICATE OF DEATH			
James B Robinson		Town Annapolis		County Annesley	
Died at		State Maryland			
Date of death	1904	Month 1	Day 6	Age 55	Years 11
Sex Male	Color or Race White	Birth-place Ind	Days 24		
Occupation Lawyer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Mary Larr				
Father's Name William Robinson	Father's Birthplace Ind				
Mother's Maiden Name Susan Mitchell	Mother's Birthplace Ind				
Name of person giving information Geo. Larr	How related to deceased Brother in law				
CAUSES OF DEATH					
Primary	Pulmonary Abscess		How long 144		
Immediate	Relaxation of Heart		How long Two Weeks		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. B. Cunningham			
Place of Death St. Charles Co.		Address Ind			
Accident or Suicide?		✓			



Name
in
Full

Charlotte E. Rowley

CERTIFICATE OF DEATH

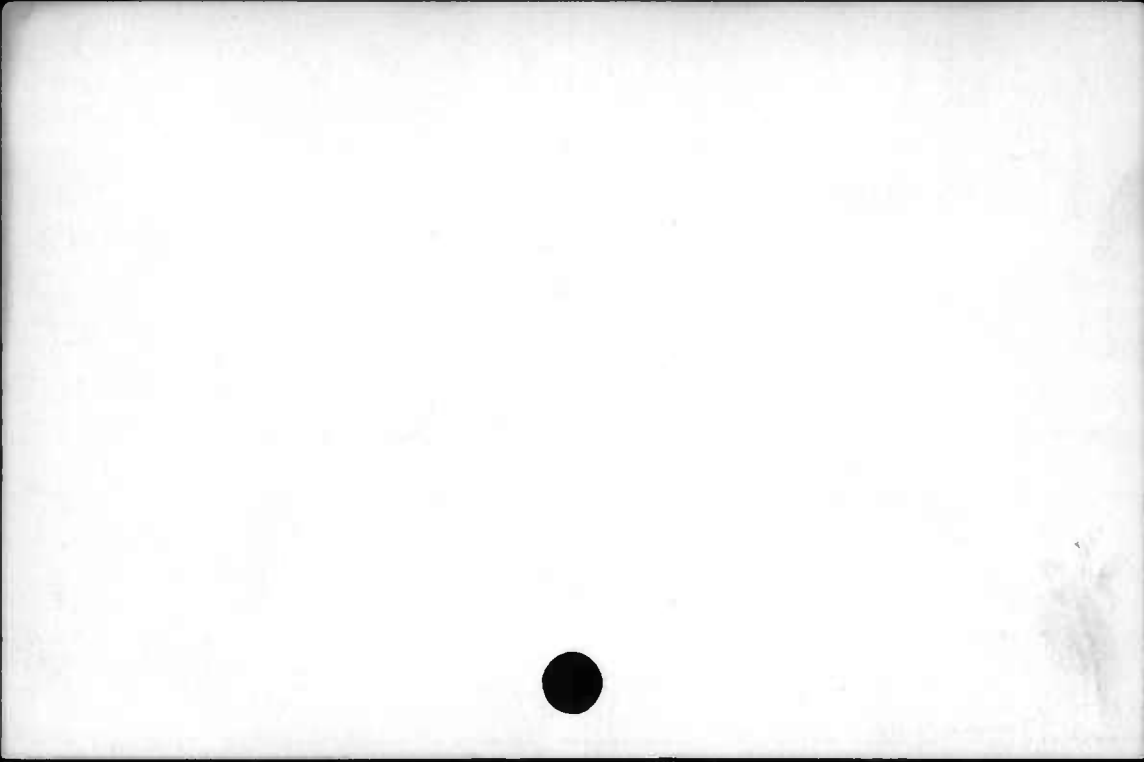
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pocomoke</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1906	Month 1	Day 16	Age 70	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Mo.</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>widow</i>		Name of Wife or Husband	<i>W. C. Rowley</i>			
Father's Name	<i>Mrs. Mason</i>				Father's Birthplace	<i>Ind.</i>	
Mother's Maiden Name	<i>Elizabeth Handy</i>				Mother's Birthplace	<i>Ind.</i>	
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dementia</i>	How long	<i>Some months</i>
Immediate	<i>General exhaustion following delirium</i>		How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. W. Willis</i>
		Address	<i>Pocomoke City</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

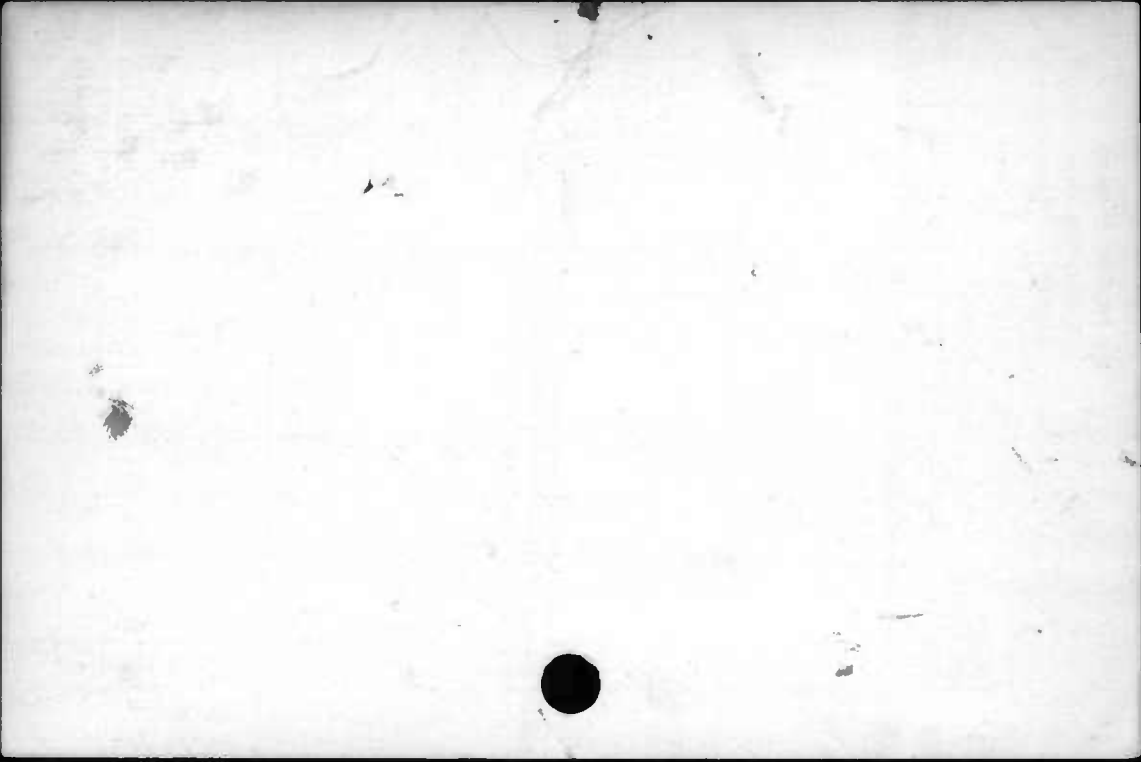
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elarance Shockley</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Snow Hill</i>		Month <i>Jan</i>		Day <i>10</i>		Years <i>33</i>	
Date of death <i>1906 Jan 10</i>		Age <i>33</i>		Months <i>1</i>		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			
Occupation <i>carpenter</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband					
Father's Name <i>Uriah Shockley</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Julia A Pilghman</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>P. M. Fooks</i>				How related to deceased <i>brother in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drunkennes</i>		How long <i>2 or 3 weeks</i>	
Immediate <i>Over dose Whiskey Laudanum & Cocaine</i>		How long <i>few hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Raul Jones</i>	
		Address <i>Snow Hill Md</i>	
Accident or Suicide?		✓	



Name
in
Full

Nancy Thompson
Berlin Town Washington County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1906

Month

1

Day

20

Age

Years

54

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Del

Occupation

House keeper

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Tom Thompson

Father's
Name

Isaac Lebatue

Father's
Birthplace

Del

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

Elizabeth Thompson

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Cardiac Hypertrophy

How long

19

How long

9 or 10 months

Immediate

" Dilatation

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Ebe H. H. d

Address

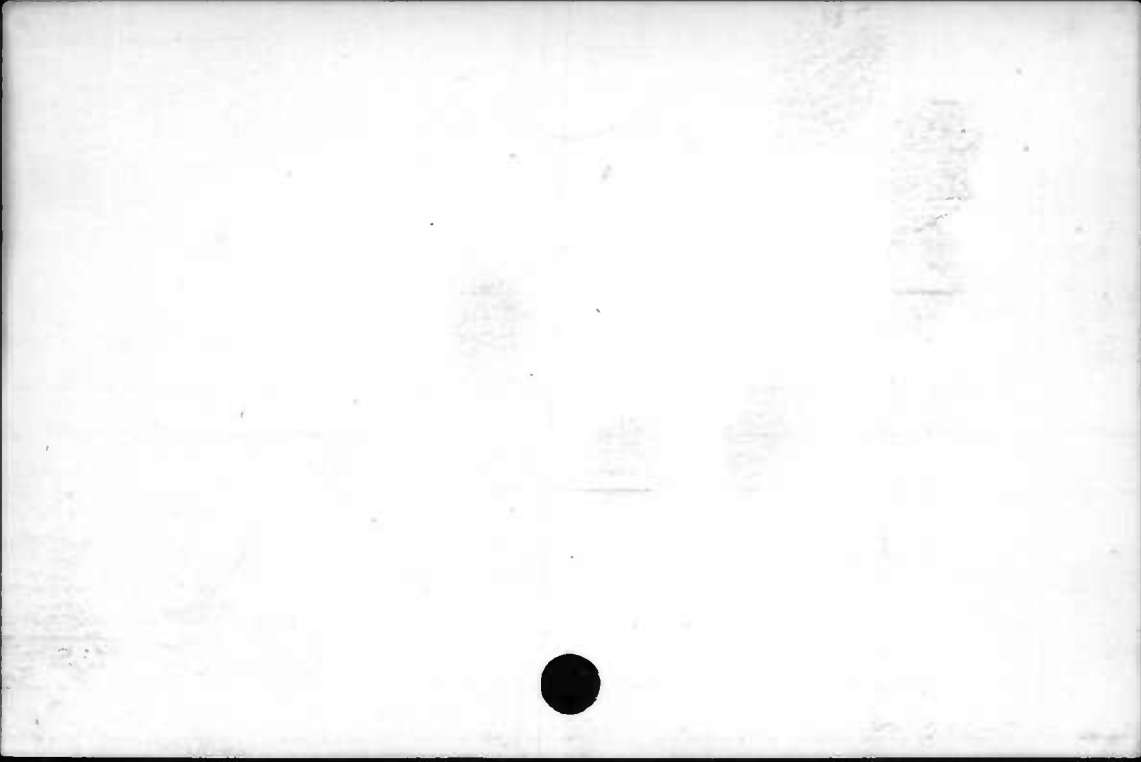
Berlin

Dr J

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

infant no name Tmgg/1/1/1

CERTIFICATE OF DEATH

Town

County

Died at Near Snow Hill Worcester

MARYLAND

Date of death 1906 Jan 20 Age 2 Months 5 Days

Sex Male Color or Race White Birth place Md

Occupation Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John H. Purigg

Father's Birthplace

Md.

Mother's Maiden Name

Amanda H. Melbready

Mother's Birthplace

Md.

Name of person giving information

John H. Purigg

How related to deceased

father

CAUSES OF DEATH

Primary

How long

Immediate

How long

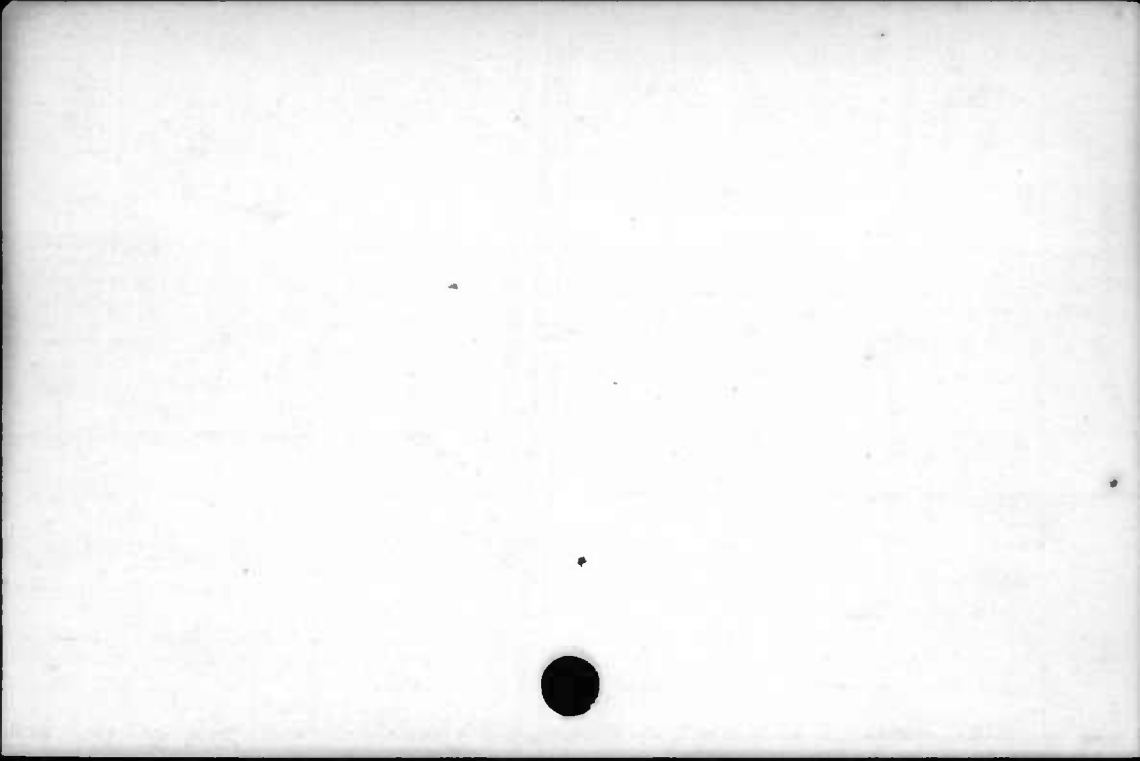
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jaundice with convulsions 3 days
True Jones
Snow Hill

Accident or Suicide?



Name
in
Full

Peter Whaley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Bristowville* Town*Worcester* County

MARYLAND

Date of death 1906 *January* MonthDay *13th*Age *75* Years

Months

Days

Sex *Male*Color or Race *White*Birth-place *Whaleyville Md*Married, Single or Widowed *Married*Occupation *Nothing*Name of Wife or Husband *Estly Annions Maiden Name*Father's Name *Peter Whaley Sr*Father's Birthplace *Maryland*Mother's Maiden Name *Elizabeth*Mother's Birthplace *Maryland*Name of person giving information *William Whaley*How related to deceased *Son*

CAUSES OF DEATH

Primary *Bright's Disease*How long *10 years*Immediate *Heart failure*How long *in minutes*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *R P Collins**D Bayne Local*Address *Bristowville Md*

Accident or Suicide?

PHYSICIAN
OR CORONER

